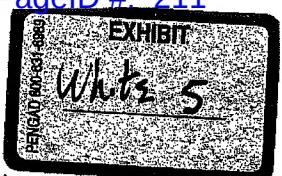


ER nurse - Susan Rainer (practicing 8 yrs)  
Melissa Harmon, RN



Rbg - no appy paradoxical movements, no prolonged expiratory phase,  
no grssed lip breathy, no retractions  
no shallow respirations

wheezing - mild, bronchial sounds / ↓ BS - just oxygenated,  
stable, not agitated



2:05 156 - 36 99<sup>3</sup> 91%

3:23 146 34 99%

@ 2:05 spontaneous eye open verbal oriented obey (GCS)

pt reassessed @ 3:50 am

response to tx: pts symptoms have resolved p tx.  
pts condition has returned to baseline.

tests: flu ordered: O

CXR (2 view) - pt able to do 2 view (really sick pts - do 1 view)

ordered 2:31 AM (2:46 pt moved to Radiology)

interpret: peripheral infiltrates, otherwise - read as NC

went by stretcher off oxygen

D/C Dx: Acute Bronchospasm Rx: fiv prednisolone 10mg qd x 5 d

15/5

Henderson vs. WK South - ER visit - due 1/25/20

(parents) Akieem Henderson & Jennifer Alexander

Citrix Sharefile - Jaquelyn White - username: jwhite@thehealthhub.org  
pw: [REDACTED]

Non signing  
papers @ 15 AM

4 yo f ER on 2/10/18 @ 01:58 c difficulty breathing (preterm & dx'd w/ asthma)  
parents allege "WK familiar w/ the medical rx" @ 2y

- child circ'd @ 3:52 (1 hr 58 min later)

6:51 (2 hrs 59 min later) pt suffered resp arrest  
pt died 2/16/18 at WK South.

constraint: WK-S failed to stabilize pt prior to d/c in violation  
of EMTALA.

- stabilize / provide such medical tx of the condition as may be  
necessary to assure "a reasonable medical probability that  
no material deterioration is likely to result . . ."

(need definition of EMTALA) \*\*

WAS APPROPRIATE SCREENING DONE??  
and was pt stabilized prior to d/c

tripod-

need any old  
ER records of  
asthma exacerbation  
as well as birth

? 11/4/16 last allergy/medicaine update

Rob Robison - [REDACTED]

rrobison@wbwplaw.com

Saturday  
2/10/18 @ 1:54

## Acuity 2 - Emergent

M (22-34)

(nurse) SR HR RR POX - 2m

ER visit: tripod position; 156; 36; 91%  
distressed, uncomfortable; behavior inappropriate;Asthma  
PMH: premature  
asthma - dx'd 2 yrs oldMEDS: Albuterol prn  
Dulera - 2 puffs s am + prn -  
Singulair(pg 3) 8. WKS provided AH. c an appropriate medical screening + detected  
and emergency medical condition in the pt.

2:04 - administered 1 dornabut - combination

3:16 " albuterol (2.5mg)

3:44 4mg dexamethasone NaPhos IM ordered by MD

An - no adverse rxn  
flu season  
fever well

8 min p last emergent tx, pt was dx'd @ 3:52 AM

3:59 - nurse dx'd to home (dexa is not emergent tx) → kicks in hours lat.  
(6-12)  
long acting systemic steroid  
inflammation in body

- WR 'failed to stabilize' - provides such tx necessary to assure w/i reasonable medical probability that no material deterioration of the condition is likely to result..

(what's the rest of defendant)

- claimed that WR 'failed to stabilize her prior to dc'
- defendants intentional "dumping" of pt

MD record:pt presents c cough/wheezing - sx's began @ 00:00 (midnite) perf +: cough/wheezing  
perf -: obd pain, body aches, CP, C/O, fever, e nasal dr., st, sore throat.

(2 days prior)

pt has experienced a previous episode.

pt was seen at Quick Care Thursday - dx'd c URI/Strep - Given

Tx: pt has breathing machine at home - albuterol - One tx PTA

xG - (no heart, no conjunctivitis, neck - nuchal tach (no medium of turgor/pulse))

chest - nl symmetric motion (no rales)

CV - p/r/p

skin - warm dry, &lt;2 cap refill (no signs shock!)

Neuro - awake/alert, makes good eye contact, non toxic, afebrile

Resp - pt does NOT display signs of resp distress, resp - nl, symmetrical